FORM D

RECEIVE

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

OMB Number:

3235-0076

Expires: April 30, 2008 Estimated average burden

hours per form.....16.00

OMB APPROVAL

| SE | SEC USE ONLY | | | | | | |
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| Prefix | | Serial | | | | | |
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| Name of Offering (check if this is an a | amendment and name has changed | , and indicate change.) | | | |
|---|------------------------------------|-------------------------|--------------------|-------------------------|--------------|
| AmTech Investment Partners LLC | : Limited Liability Compan | y Interests | | | |
| Filing Under (Check box (es) that apply): | ☐ Rule 504 | ☐ Rule 505 | □ Rule 506 | ☐ Section 4 | (9)00 CHUOE |
| Type of Filing: | | New Filing | | □Amendm | |
| | A. BASIC I | DENTIFICATION D | ATA | | AMU 1 2 ann |
| 1. Enter the information requested about | t the issuer | | | X | 120A 12 SOUS |
| Name of Issuer (check if this is an ame | endment and name has changed, ar | nd indicate change.) | | | THOMSON |
| AmTech Investment Partners LLC | , | | | | FINANCIAL |
| Address of Executive Offices | (Number and Street | , City, State, Zip Code |) Telephone Num | ber (Including Area | |
| 10 Glenville Street | | | • | | |
| Greenwich, CT 05831 | | | 203-532-7350 |) | |
| Address of Principal Business Operations | (Number and Street, City, State, Z | ip Code) | Telephone Num | iber (Including Area | Code) |
| (if different from Executive Offices Same as Exec | cutive Offices | | 203-532-7350 | 1 | |
| Brief Description of Business: Investmen | nt | | | | |
| Type of Business Organization | | | | | |
| corporation | ☐limited partnership, already fo | rmed 🗵 | other (please spec | ify): limited liability | company |
| ☐ business trust | ☐ limited partnership, to be form | ned | | | |
| | | | Year | | |
| Actual or Estimated Date of Incorporation | or Organization: | 10 | 2007 | | ☐ Estimated |
| Jurisdiction of Incorporation or Organizati | on: (Enter two-letter U.S. Posta | d Service abbreviation | for State: DE | M Actual | L Estimated |
| | CN for Canada; FN for other | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exerption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new fitting must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check | ⊠ Promoter | Beneficial Owner | Executive Officer | Director | Manager of the Issuer |
|--------------------------------|------------------------------|--------------------------------|--------------------|-------------|--|
| Box(es) that | | | | <u></u> | _ |
| Apply: | ··· | | | | · ········· |
| Full Name (Las Snyder, Curt | t name first, if individual) | | | | |
| · | sidence Address (Number and | Street, City, State, Zip Code | | | · - · · · · · · · · · · · · · · · · · · |
| | reet, Greenwich, CT 06831 | i Succi, City, State, Zip Coug | | | |
| Check Boxes | Promoter | ☐ Beneficial Owner | Executive Officer | Director | Manager of the Issuer |
| that Apply; | | | | | |
| Full Name (Las | t name first, if individual) | | | | |
| Business or Res | sidence Address (Number and | Street, City, State, Zip Code) | | | |
| | | | | | |
| Check Boxes that Apply: | □ Promoter | Beneficial Owner | Executive Officer | Director | Manager of the Manager of the Issuer |
| Full Name (Las | t name first, if individual) | | | | |
| Business or Res | sidence Address (Number and | Street, City, State, Zip Code) | | | |
| 54011103 01 110 | manner radicus (ramber and | outer, only, dute, hip code, | | | |
| Check Boxes | □ Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or |
| that Apply: | | | | | Managing Partner |
| Full Name (Las | t name first, if individual) | | | | |
| Business or Res | sidence Address (Number and | Street, City, State, Zip Code) | | | , |
| | | | | | |
| Check Boxes | □ Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or |
| that Apply: | | | | | Managing Partner |
| ruli Name (Las | t name first, if individual) | | | | |
| Business or Res | siderice Address (Number and | Street, City, State, Zip Code) | | | , |
| | | | | | |
| Check Boxes | C) Promoter | Beneficial Owner | ☐Executive Officer | Director | ☐ General and/or |
| that Apply: | 0 . 101 11 11 12 | | | | Managing Partner |
| ruii Name (Las | t name first, if individual) | | | | |
| Business or Res | sidence Address (Number and | Street, City, State, Zip Code) | | | |
| | | | | | |
| Check Boxes that Apply: | El Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Las | t name first, if individual) | | | | |
| Business or Des | idence Address (Number and | Street, City, State, Zip Code) | | | |
| Business of Res | indence Address (Numba and | Succi, City, State, Zip Code) | | | |
| Check Boxes that Apply: | C] Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Las | t name first, if individual) | · | | | |
| Duciness on De- | idanaa Addaga Aliisika | Street City Street 71- Colly | | | |
| Dusiness of Kes | nachce Adaress (Number and | Street, City, State, Zip Code) | | | |

| | B. INFORMATION ABOUT OFFERING |
|----|--|
| 1. | Has the issuer sold, or does the issuer intend to sell, to nonaccredited investors in this offering? |
| 2. | What is the minimum investment that will be accepted from any individual? |
| 3. | Does the offering permit joint ownership of a single unit? |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. None |
| | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers: |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN | D USE | OF PROCEEDS | | |
|------------|---|------------|-------------------|---------------------------------------|---------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount alreatransaction is an exchange offering, check this box and indicate in the columns below the amounts of | dy sold. | Enter "0" if answ | er is "none | " or "zero." If the |
| | Type of Security | 1 1110 500 | Aggregate | | nount Already |
| | -,,p | | Offering Price | | Sold |
| | Debt | | 0.00 | S | 0.00 |
| | Ecuity | | 0.00 | | 0.00 |
| | ☐ Common Stock ☐ Preferred | • . | ¥I¥¥ | - | 772 4 |
| | | | | | |
| | | \$_ | 0.00 | s _ | 0.00 |
| | Partnership Interests | \$ | 0.00 | \$ | 0,00 |
| | Other - Limited Liability Company Interest of the Issuer | \$ | 1,122,000.00 | <u>\$</u> | 1,122,000,00 |
| | Total | <u>\$</u> | 1,122,000.00 | <u>\$</u> | 1,122,000.00 |
| 2. | Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their | | | | |
| | purchases on the total lines. Enter "0" if answer is "none" or "zero." | | M | | 4 |
| | | | Number | | Aggregate |
| | | | Investors | | ollar Amount |
| | | | | • | of Purchases |
| | Accredited Investors | | | | 1,122,000.00 |
| | Non-accredited Investors | | 0 | | 0.00 |
| | Total (for filings under Rule 504 only) | _ | | \$ | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1. | | | | |
| Not | t Applicable | | | | |
| | | | Type of | D | ollar Amount |
| | | | Security | | Sold |
| | Type of Offering | | • | | |
| | Rule 505 | | | \$ | |
| | Regulation A | | | \$ | |
| | Rule 504 | | | s | |
| | Total | | | \$ | |
| 1 . | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | · | |
| | Transfer Agent's Fees | | | S | 0.00 |
| | Printing and Engraving Costs | | i i | | 0.00 |
| | Legal Fees | | Ø | · · · · · · · · · · · · · · · · · · · | 10,000.00 |
| | Accounting Fees. | | ī | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | Engineering Fees. | | 님 | | 0.00 |
| | Sales Commissions (specify finders' fees separately). | | H | \$ \$ | 0.00 |
| | | | _ | | |
| | Other Expense (Identify) Miscellaneous offering expenses and blue sky filing fees | | ⊠ | \$ | 10,000.00 |
| | Total | | ⋈ | • | 20 000 00 |

| Enter the difference between the aggregate offering price given in r furnished in response to Part C – Question 4.a. This difference is the | • | - | <u> </u> | 02,000.00 |
|--|---|---|--|--|
| Indicate below the amount of the adjusted gross proceeds to the issuer If the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issuer se | check the box to the left of the es | stimate. The total of the | | |
| | | Payment to Officers, Directors, & Affiliates | | Payment To Others |
| Salaries and fees | *************************************** | □ \$ <u>0.00</u> | □ \$ | 0,00 |
| Purchase of real estate | | □ \$ 0,00 | □ s | 0,00 |
| Purchase, rental or leasing and installation of machinery and equipment | | □ s 0,00 | □ s _ | 0.00 |
| Construction or leasing of plant buildings and facilities | *************************************** | □ \$ 0.00 | □ \$ | 0.00 |
| Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to a merge | | □ s <u> </u> | □ s | 0.00 |
| Repayment of indebtedness | | \$0.00 | □ s _ | 0,00 |
| Working capital and investment in private placements | | □ \$ 0.00 | ⊠ \$ _ | 1,102,000,00 |
| Other (specify: | | _ | | |
| | | U \$ 0,00 | □ 2_ | 0.00 |
| Column Totals | | □ \$ <u>0.00</u> | ⊠ s_ | 1,102,000,00 |
| Total Payments Listed (column totals added) | | ⊠ \$ <u> </u> | ,102,000,0 | <u>00</u> |
| D. FE | EDERAL SIGNATURE | | | |
| The issuer had duly caused this notice to be signed by the undersigned duly undertaking by the issuer to furnish to the U.S. Securities and Exchange Coaccredited investor pursuant to paragraph (b)(2) of Rule 502. | authorized person. If this notice is mmission, upon written request of | filed under Rule 505, the its staff, the information fu | following rnished by | signature constitutes ar y the issuer to any non- |
| Issuer (Print or Type) | Signature | | Date | |
| AmTech Investment Partners LLC | | | Novem | ber 5 , 2007 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | <u>i </u> | |
| Curt Snyder | Manager | | | |
| | | <u> </u> | - | |
| | | | | |
| • | | | | |
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| | | | | |
| | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| STA | | | |
|-----|--|--|--|
| | | | |

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?.....

No

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to 3. offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) AmTech Investment Partners LLC | Signature Date November 5, 2007 |
|---|---------------------------------|
| Name of Signer (Print or Type) | Title of Signer (Print or Type) |
| Curt Snyder | Manager |

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Appendix 2 Disqualification Type of security and aggregate Type of investor and amount purchased in state Intend to sell to offering price offered in state (Part C - Item 2) under state non-accredited ULOE (if yes, (Part C - Item 1) investors in State attach ({Part E - Item explanation of 1) waiver granted) (Part E - Item 1) Number of State Yes No Up to \$1,122,000.00 of Limited Number of Non-accredited liability company interests Accredited Yes No Investors Amount investors Amount AL AK ΑZ AR CA \$688,500.00 0 0 3 Х same CO 1 \$127,500.00 0 0 Х same CT \$153,000.00 0 2 0 Х same DE DC FL 0 0 \$25,500.00 same Х GA HI ID IL IN ΙA KS KY LA ME MD MA MI MN MS MO MT NE

| 1 | non-ac | to sell to ccredited ors in State B - Item | Type of security and aggregate offering price offered in state (Part C – Item 1) | 4 Type of investor (Part C – Item 2) | 5 Disqualification under state ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1) | | | | |
|-------|--|---|--|--|---|--|----------|--|---|
| State | Yes | No | Up to \$1,122,000.00 of Limited liability company interests | Number of Accredited investors | Amount | Number of Non-accredited Investors | Amount | Yes | No |
| NV | | | | | | | | | |
| NH | | | | | | | | | |
| NJ | | x | same | 1 | \$51,000.00 | 0 | 0 | | х |
| NM | | | | | | | | | |
| NY | | x | same | 2 | \$76,500.00 | 0 | 0 | | х |
| NC | | | | | | | | | |
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| WI | <u> </u> | - | *** *********************************** | | | | | | |
| WY | <u> </u> | | | | | | | | |
| PR | | | | | | | | | - |

